

STATE ETHICS COMMISSION

2020 STATEMENT OF ECONOMIC INTEREST NO CHANGE FORM

Contact Information Page

This contact information page <u>will not</u> be available on the Commission's website, but it is a public record.

Date Received:	•		

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For Staff Use Only

919-814-3600 https://ethics.ncsbe.gov

SEND YOUR SIGNED ORIGINAL TO:

BY MAIL: State Ethics Commission Post Office Box 27685 Raleigh, NC 27611 HAND DELIVERY: Dobbs Building – 3rd Floor 430 N. Salisbury Street Raleigh, NC 27603 This entire form must be completed to fulfill your ethics filing obligation.

Filer's Name (First, Middle, Last)						
Prefix	First Name	Middle Name	Last Name Su		Suffix	
Mailing .	Address (Required)					
	Address		City	Zip		
Daytime Phone Number (Required) Alternate Phone Number						
E-Mail Address (Required)			Date of Birth (MM/DD/YYYY)			
Please Note: Important notifications will be sent to the email address provided above. They will not be sent by regular mail. To receive Commission notifications in a timely manner, please add SEI@ncsbe.gov to your list of e-mail contacts.						
Home Address:						
Provide your home address only if you are holding or seeking an elected office with a residency requirement. This requirement does not apply to Judicial Officers.						
"Judicial Officer" means Justice or Judge of the General Court of Justice, District Attorney, Clerk of Court, or any individual elected or appointed to any of these positions prior to taking office.						
☐ Same as mailing address						
	Address		City	State	Zip	
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	FOR STAFF USE ONLY Date Received:
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Filer's Na	ame (First, Middle, Last)				
Prefix	First Name	Middle Name		Last Name	Suffix
		Reason for Filing (C	omplete all that a	apply.)	
State Go	vernment Job (Specify age	ency and position.)		sion (List the complete names of h you are serving or are being c	
Judicial C	Officer (Specify office.)		Legislator (Spec	cify House or Senate.)	
AFFIRM	ATION				_
I have ca				erest Long Form and my respon	ses continue
	ot transferred, and will not e while retaining an equita		erest, or property	for the purpose of concealing it	from
I underst	cand that my No Change F	orm is a public record.			
I have re	ead and understand the fol	lowing statutes:			
N	N.C.G.S. § 138A-26. Conce	ealing or failing to disclos	se material inforr	nation.	
C		c interest shall be g		e information that is required to misdemeanor and subject t	
N	N.C.G.S. § 138A-27. Penal	ty for false information.			
				onomic interest knowing tha to disciplinary action under G.S	
I affirm	under penalty of perjur	y that the foregoing is	s true and corre	ect.	
Signatu	re		į	Date	
Printed	Name				
Submit :	signed, original docume	ents only. Do not fax a	or e-mail this fo	nrm	